

THE MEDICAL AND SURGICAL REPORTER.

No. 493.]

PHILADELPHIA, AUGUST 11, 1866.

[VOL. XV.—No. 6.]

ORIGINAL DEPARTMENT.

Communications.

ON THE INTERNAL USE OF CHLOROFORM IN THE TREATMENT OF DELIRIUM TREMENS.

By E. McCLELLAN, M. D.,

Assistant Surgeon, U. S. Army.

In the treatment of delirium tremens, be it presented either in that stage of excitement of the nervous system, dependant upon the excessive stimulation of a late debauch; or in that of cerebral debility, the result of a total absence of the long accustomed stimulant; the same results must be obtained in order to afford that relief which the condition of the patient demands; and in neither case is the condition of the nervous system produced by excessive stimulation alone to be considered.

By the constant presence of alcohol, the stomach has lost its tone, and among those in whom this disease occurs but little food is taken at any time, while during a debauch it is almost entirely abstained from.

Inanition is therefore a serious complication.

During a debauch the drunkard for the time becomes a pedestrian, and, in his sleepless walk, traverses distances, which, at other times, are far beyond his powers. He exposes himself to all extremes of temperature, this, with his total neglect of all hygienic laws, swell the account of his folly, until finally, by the nervous excitement operating upon his prostrate system, the vital force of the patient is reduced to that point, from which, unaided, he can rarely recuperate.

It is conceded by all, that the first indication in the treatment of this disease is to subdue the undue excitement which prevails, and that this must be accomplished, and sleep procured, before further action is practicable. Therefore, a remedy which will most readily procure this result is the one to be exhibited.

Rarely has there been a requirement of disease to meet which such a variety of remedies have been proposed; they range from the sedative effect of solitary confinement to free stimulation;

from active antiphlogistic treatment to that of powerful narcotics; and among others of this class is found *chloroform*, exhibited by inhalation or administered internally.

Frequently has this remedy been recommended for internal use in this disease and others of the same family; its claims have been presented with great earnestness by some observers, it has met with many strong advocates; but the mass of the profession look upon it with distrust, forgetting that they daily, and with impunity, use products far more deadly in their character.

It has been clearly demonstrated that chloroform administered internally acts as a "*diffusible narcotic which is as free from danger as any other drug; that in its somniferous properties it is more prompt than opium, and that its effect is of shorter duration, producing less cerebral oppression.*"

Among the cases recorded of its internal use, the following have been selected, and are referred to, as corroborating this opinion.

I. In the *Dublin Medical Press* for 1852, Mr. BUTCHER reports in full his treatment of a case of delirium tremens, in which, all other remedies failing, it was employed with perfect success.

II. In the *Dublin Quarterly Journal* for May, 1863, Dr. HARVEY reports a case of maniacal delirium, in which it was internally used with great success, opium and other narcotics having failed.

III. In the *Dublin Hospital Gazette* for February, 1854, Dr. GORDON reports its employment with advantage in two cases of violent delirium, the result of irritative fever.

IV. In the same *Journal*, Dr. McDOWELL reports its successful administration in three cases of delirium tremens.

These cases have been referred to, not only from the fact that they fully demonstrate the internal action of chloroform, but that they are those in which full physiological doses were administered, and also those in which its effects were not impaired by combinations with other substances.

The rapidity with which chloroform acts upon the nerve centers; the character of the sleep produced; its not producing cerebral depression or gastric irritation, its prompt relief of nausea, and arrestion of vomiting, shorten materially the

period during which the practitioner must remain inactive before he can meet those complications which exert so powerful an influence upon this disease.

This remedy has been freely used by the writer, and the appended cases, from the record of those treated, show its uniform action.

Case I. Private B. was admitted to the Post Hospital, Fort Delaware, September 12th, 1865. This patient had been drinking hard for several days, and was reported as having no sleep during the past forty-eight hours. He was much debilitated, pulse about 100, skin cold and clammy, tongue heavily coated, very restless, suffering from constant nausea, and very considerable tremor. No mental disorder beyond an inability to concentrate his mind upon any subject. Chloroform 3j. was administered, followed by a small quantity of iced water, and was not ejected, the tremor gradually ceased, his pulse became fuller and less frequent. He was undressed and placed in bed; and shortly passed into a profound sleep, which lasted for nearly five hours, at the expiration of which he awoke, exhibiting no symptoms of the attack beyond that of debility. He remained under treatment until the 14th, when he was returned to duty.

Case II. Private M., aged 40 years, originally of a strong constitution, but much debilitated by prolonged attacks of intermittent fever, was arrested, September 29th, 1865, at about 8 o'clock, P. M., and confined, after he had been drinking hard for many hours.

He was violently excited, and much force was necessary before he could be secured, his condition during the night continued the same.

My attention was not called to his case until 8 o'clock, A. M., the next day. I found him suffering greatly from prostration, vainly endeavoring to sleep, and pleading for stimulants; muscular tremor was excessive.

Chloroform 3j. was administered, and produced an immediate cessation of his craving for drink.

In twenty minutes, as no permanent relief had been obtained, it was repeated to the extent of half a drachm, and in fifteen minutes the patient was in a sleep which lasted for several hours. When he awoke his mind was clear, and the nervous prostration relieved. He remained under treatment until October 2d, when he was returned to duty.

Case III. On the morning of June 10th, 1866, was called to see private "D," who was in close confinement, and found that he had been drinking excessively for several days, but that during the past twenty-four hours, had been without

any stimulant. The patient was lying upon his blankets, to all appearance perfectly quiet and composed. Insomina being at the first glance the only prominent symptom; the excessive excitement having passed off and the remaining nervousness being to a great degree mastered by the will of the patient. His tongue was heavily coated, the pulse was small and feeble. He had voided no urine during the past ten hours, and had taken no food during the time he had been confined.

On being thrown off his guard, and excited, some muscular tremor, with slight incoherence, came on.

He was placed under the influence of one drachm of chloroform, and was soon in a sound sleep which lasted three hours. On awaking a full dose of castor oil in porter was administered, and in a few minutes he was again asleep, which lasted for one hour, when he voided about one pint of heavily loaded urine. The sleep continued during the day at short intervals, and under careful treatment and diet he rapidly recovered.

Had this case been allowed to remain, unaided for but a few hours, in all probability it would have terminated in maniacal delirium.

Case IV. Private M. H., was admitted to hospital, July 6th, 1866. He had been drinking since early on the morning of the 4th instant; the only symptoms exhibited were insomina and some nervous excitement. Chloroform 3i. was administered and was followed by a sleep of two hours, after which he awoke, refreshed and complaining of hunger—ate a full breakfast. The relief afforded was so great that at noon of the same day he was allowed to return to his quarters.

July 7th, at 7.30, A. M., he was brought to hospital under guard, with the report that his debauch has been renewed with vigor on the preceding day. He now exhibited the full symptoms of *mania a potu*.

His countenance was anxious; his expression wild; the muscular tremor was fully established; his speech was hurried and irrational. Eyes suffused, tongue heavily coated, pulse about 110, thirst excessive, but vomiting violently after drinking, restless, constantly walking around the ward. Was unable to keep him in bed.

8 o'clock, A. M. Chloroform 3i. was administered in small quantities of simple syrup. The vomiting was arrested, but no other relief obtained.

8 o'clock, 20, A. M. The dose was repeated, and sensibly diminished the rate of his pulse and the violence of the tremor.

8.40, A. M. No disposition to sleep being apparent the same dose was administered, the tremor gradually ceased, the pulse became more natural, and sound sleep came on, which lasted for over two hours; when he awoke complaining of severe thirst; still incoherent and affected by the tremor, although a sensible abatement had occurred of all the symptoms. The thirst was relieved by pounded ice, and beef tea in small quantities was administered during the day; he continued drowsy and slept at intervals until five o'clock, P. M. At seven, P. M., after being awake for about two hours, the restlessness and excitement returned. A drachm of chloroform was again administered, and the patient slept during the entire night.

July 8th. Awoke in the morning much refreshed; his mind clear, but complaining of gastric pain and great thirst, in the absence of his muse. He drank a large quantity of water, which again brought on excessive vomiting, with every prospect of a return of the graver symptoms. Chloroform grt. ix. exhibited, quieting effectually the vomiting.

Ten grains of calomel were administered, followed by a full dose of castor oil in porter—this produced three evacuations. The patient remained quiet and rational, did not sleep much during the day—beef tea being retained by the stomach. At eight o'clock, P. M., chloroform ʒss. was administered, and secured for the patient a comfortable night.

July 9th. This morning the patient awoke rational, the cerebral symptoms having entirely disappeared, but suffering greatly from debility. From this point the case presents nothing of especial interest; the patient, however, having a hard struggle in recuperating—nausea and vomiting frequently being present, but always yielding to the influence of chloroform.

Post Hospital, Fort Delaware, }
Del., July 25, 1866. }

PROLAPSUS ANI.

By W. W. MYERS, M. D.,

Of Pittsburgh, Pa.

Subject—MARY, child of D. P.—, æt. 24 years, and residing in Mulberry Alley. There was complete invagination of the lower bowel—it being propelled beyond the orifice of the anus nearly three inches. The prolapsed portion consisted of the upper part of the rectum, and inferior extremity of the sigmoid flexure of the colon. The protruded parts were inflamed and indurated, and yielded a slight discharge of mucus fluid, blended with blood. Around the margin of the

anus, there were several tubercles of a bluish color. These were evidently formed by the extremity of the rectum. The patient was placed in the recumbent position, with the buttocks raised, and the thorax depressed, and gentle and skilful pressure made with the palm of the hand. The attempt proved fruitless as to its immediate object,—yet it suggested an idea which led to a perfect cure of this obstinate disorder. The patient being a child, I knew there was more proneness to the disease, on account of the rectum being straighter, the sacrum less curved, and the abdominal viscera more voluminous,—thereby bearing more directly upon the rectum and anus during defecation. In this case the prolapsed part of the intestine consisted of the whole inferior extremity of the rectum. Yet the impediment to reduction did not arise from stricture of the sphincter ani; for I could introduce the fore-finger with ease; but it seemed to arise from the relaxed state of the lowest part of the intestine, and of the cellular membrane which connects it with the surrounding parts. I was careful in the examination of this case to make an accurate diagnosis, for as every one knows, in some cases of pretended prolapsus of the rectum, have after death been discovered to be an eversion of the cæcum. The greater part of the colon being found at the lower end of this intestine, and most of the rectum at its upper part. The exciting cause was diarrhoea, producing irritation in the rectum, and affecting the adjacent parts sympathetically. The coexisting weakness was the result of this irritation, because the overhurred organic movements caused decomposition and elimination to prevail over composition and absorption, and the indication to restore the strength by more nourishing food, was derived not from the weakness, but solely from the rapidity with which assimilation took place. In the treatment I felt it was of paramount importance to attend to the general health, which was impaired, with derangement of the secretions; to meet these indications small doses of hydrarg.-cum creta in combination with pulv. ipecac. et opii were administered through the day, followed each morning by ol. ricini. The patient was placed upon a farinaceous diet, and the skin maintained in a perspirable condition by the tepid bath. The relaxed state of the part, which came down at every evacuation, and the want of sufficient stricture in the sphincter ani, satisfied me that it was impossible to afford any effective relief to my patient, unless I could bring about a more firm adhesion to the surrounding cellular membrane, and increase the proper action of the sphincter.

April 9th. Patient placed under the influence of æth-sulph. A V-shaped piece of the mucous membrane of the prolapsed portion was removed at each side, and reduction accomplished,—approximation being effected and maintained by suture. Astringent washes and ointment were employed and the patient discharged on 23d inst.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 93.)

But, to be more specific,

1st. We may expect defective gastric action, with constipation, from the inertia of the *insensible sensibilities* of the stomach, liver, pancreas and small intestines, caused by deficient aggressive support.

The food *tarries* in the stomach for the requisite mechanical and vital changes. Under warmth and moisture, fermentation with its attendant train becomes imminent, and the food passes to the next passage in a state comparatively non-cognizable of the chylefying power, and of consequence, the major portion of it passes into the intestines as refuse material, and that portion which is taken up by the lacteals, is correspondingly crude and non-assimilable. Hence, the blood will be poor and more or less fermentable, and the consequence may be, not only emaciation, general debility and non-feasance of functions, but also that low state of the ganglionic and sympathetic nerves, which is the perpetual supply of the social, moral, and religious insanity, which so generally defies the best hygeine, medicinal or theological treatment, and all for the simple and rational reason, that the "wheel is broken at the cistern."

We also see that there may ensue more or less hepatic torpor, with its direct and reflex effects, under a loss of *stimulating* support, and that this torpor must so retard the portal circulation, as to institute a passive venous congestion, enlargement and increased gravity of the liver, and this must increase the traction of the hepatic diaphragmatic moorings, producing such sensations of dragging weight, dull pain, "sense of the liver's hanging from where it is hitched," as might rationally be expected, and which have led many practitioners to diagnose this condition to be chronic inflammation, primary hepatic torpor, etc. etc.; and to treat it by perpetual vesications, issues, alteratives, and deobstruents, with but

little permanent satisfaction or increase of professional prestige, simply because the underlying and aggravating *mechanical element* of the case was undiscovered, or in other words, not so much because of the wrong he did, as of the right which he did not. This also may shed light upon the stereotyped "*chronic splenitis*," which so proverbially refuses to *abdicate*, under issues, blisters, leechings, and alteratives. To be sure, this treatment may give temporary relief by substituting one *sensation* for another under counter-irritation, but which ceases soon after suspending the treatment. Dr. DEWEES has alluded to this, and says it has failed to yield to *every variety* of treatment, internal or external, which he has aimed at that organ, and concludes that it is not an actual affection of that organ, but merely a sympathetic condition from uterine prolapsus, as it is so usually a concomitant of that affection, and disappears on removing the prolapsus. But had this eminent teacher have discerned that in most cases of well-developed prolapsus, there was such an elongation of the intestinal chain, and such an unsupported state of the stomach, liver, and spleen, as to correspondingly tract the inferior and superior spleen's moorings, he would not have been driven to use that most indefinite and unedifying expression "sympathetic." That is a term never to be used in connection with any *fact*, when any less mystic term will answer, inasmuch as its domain is so illimitable, and its boundaries so much like the never definable line of Mason & Dixon. He also would have understood why this steady aching pain is always aggravated by much standing, and relieved by habitual recumbency.

This view also sheds light upon the fact that a tumid and heavy lower abdomen is always attendant upon chronic peritonitis, and that the steady and fugitive sufferings in that affection are always aggravated by standing and walking, and also the rationale of the fact that such patients incline to recumbency and quiet, and carry their hands upon the abdomen in a supporting position.

In confirmation of this, let any practitioner who has been humbled so often by these constipated, dyspeptic, hypochondriacal, melancholic, and semi-insane subjects, call up before him their *physical form, proportions, and attitude*, and let him examine them in the light of the annexed figures, and also of the inspired statement that "God made man upright," (physically as well as morally,) and he will about invariably find the head to be more or less *set upon the sternum*, as it were; the shoulders rounded, the upper chest

contracted and hollow; that the spine has retracted where it should advance, and the stomach correspondingly retracted; that the abdomen is flat and rigid, or else heavy and tumid at the hypogastrium. Then by an easy mental transition, may he conclude, with the accuracy of a seer, that the primary law of individual visceral position and natural bearing is violated, and that comparative visceral *chaos* and functional *anarchy* revel within.

Having now barely unearthed these crude ideas, I must desist from extended delineations of their many *phases*, as exemplified in the morbid functional, mental, and religious states of very many patients of the highest culture, which I have not only traced to the above source, but confirmed the fact by readily removing the conditions by the therapeutic outbirths of the premises.

Therapeutic Indications.

Of course, these are obvious, viz. If any of the above morbid states do not readily and permanently yield to hygiene, diet, aperients, stimulants, alteratives, etc., the practitioner may see in concordant and physiological support to the viscera, not merely a *forlorn hope*, or a *dernier resort*, but an *auxiliary* which is at once concordant, rational, and pregnant with success; on this point it would not be modest for me to speak thus, but for the fact that since my retracy from a general practice for the indulgence of a passion for more *tangible* truth, I have become, as it were, a kind of *Esculapian hopper*, into which have gravitated a motley crowd of forlorn hopes, upon whom; partly from induction, and partly because shut up to it, I have put the principle of trunkal support to the test, and the result has been to install in my mind the doctrine of mechanical therapeutics on the basis of induction and fixed facts.

Case 1. Constipation and melancholia with casual insanity; aged 50; was a machinist of great enterprise. Had gradually become so erratic with alternate mental depressions and exaltations, as to have been placed for a time in the Hartford Retreat, and was legally prohibited from the management of his own business. Thought he had committed the unpardonable sin. Would lie in bed for days, saying, "it will kill me to put on my clothes." This would be followed by excitement. Would ride night and day. Wanted to commit suicide. Was brought to me in this condition, looking like a wild man.

Evident hepatic torpor, with the extreme constipation, were the chief functional defects discernible. Said medicine could procure one "hard

nubbin a week." To this man an abdominal and spinal brace was applied to divert, rather than anything else. On proposing to remove it, he remarked, "No, you don't," "feels good," "you never get it again." On next day but one, he came alone. His eye was calm, and his expression pleasant. "Doctor," said he, "yesterday, I would have taken sixpence for my soul, but now I would not take the world for it." Said he felt "rest of body and mind on the instant of support," first day. Toward night had a large and free evacuation. In a few days, he was permitted to resume control of his extensive and complicated business.

Case 2. A lawyer of wealth and influence. Did not know what on earth was the matter with himself: "Am rich, want nothing, have the most lovely domestic and social relations, but am miserable." "Swap to-day with one of my niggers." "Ate no meat for two years; never sleep." "Hell is inside of me." What was peculiar in this case was, he was not very constipated, and was a large florid man. He wanted a brace applied, "*hit or miss*, for the sake of something new." In two days he reported a total revolution, that his family and the world had another appearance. "Ate a turkey dinner the day before, and mincepie on going to bed." "Slept well." The relief in these cases was permanent.

It is noticeable in the first, that the abdomen was very flat and the region of the stomach very much depressed. In the second, the converse of all this was the fact; and inasmuch as simple elevating and stimulating support to the lineal viscera was the only application, it must follow that the constipation, hepatic torpor, and melancholy, were purely the result of an unsupported state of the nerves of organic life. And now, judging from like results from mechanical support in many hundreds of kindred cases, I am forced to the conclusion, that in a large proportion of undefinable and nondescript cases, involving the physical, mental, and moral departments, mechanical support; added to other treatment, will, by giving organic tone to the *primæ viæ*, prove to be the missing link in the remedial chain.

Hepatic Torpor and Simulated Chronic Inflammation.

Case 1. A lady, of graceful proportions, was very constipated, with alternating diarrhœa, no signs of biliary secretion, except during the diarrhœal phase. Complained of constant and unbearable pain in the region of the liver, which was aggravated on erecting the body or walking, and was "sort of relieved" on bending forward and supporting the waist with a corset, or by

hard pressure with her hand. Her very intelligent physician had, for one year, treated her with alteratives, laxatives, rubefacients, and issues, which only modified her sufferings during the operation of the treatment.

Upon examining her whilst on her feet, there was no fulness at the hypogastrium, but there was a very marked narrowness and retraction at the hypochondria, with an external appearance and an internal feeling of tension in the region of the diaphragm. On pressing upward upon the abdomen with my left hand, and bracing the dorso-lumbar portion with my right, she said, "There, both the tension and the aching are gone already." Of course, under such indications, a brace was applied, and with the most happy results. The constitutional treatment, after that, always acting with efficiency.

Case 2. A slender lady, of Philadelphia, had been treated successively by several eminent physicians of that city, for chronic inflammation of the liver. She described the treatment as having been truly heroic. "Bled once a month, and salivated as often as she could recover, for four years." "Doctor, I took blue pills till I was fairly blue." I found her sitting in a low voluptuous armed chair, with feet upon a luxurious ottoman, by which her body was leaned forward and her thighs so flexed as to support her abdomen. Said, "That kept her liver from hanging, and relieved that awful pulling and goneness at the stomach." A momentary glance at her, whilst upon her feet, disclosed that tumidity of the hypogastrium and that small and retracted state at the hypochondrium, which her quaint expressions prepared me to find. On supporting her with my hands, she erected her trunk, and exclaimed, "The division in my body is gone, and I do not feel as though my tongue was being drawn down my throat." But on letting go of her, she drooped, flexed her limbs, and exclaimed, "That hanging feeling is back again. The permanent wearing of an abdominal and spinal shoulder-brace was attended, not with a total removal of all her infirmities, but with the ability to perambulate the city with freedom and comparative satisfaction.

And now, under this head I respectfully submit, that if practitioners, in examining their non-descript patients, would take a little more time, and listen with more attention to their quaint, but most suggestive expressions and comparisons, and would weigh them in the common sense scales of mechanical physiology, they would often avoid the chagrin of treating a mere secondary, for a primary affection, with poor success.

If ever I have made any desirable reputation, it has arisen from critically discriminating sensations in descriptions of cases.

We have now shown the negating or torpifying effect of muscular laxity upon the viscera, as exemplified in indigestion, constipation, hepatic torpor, and a low action of the nerve and psychical forces.

And we propose now to show, on the other hand, that this same muscular laxity often produces more *demonstrative* results, in the form of gastralgia, diarrhoea, and dysentery; also of cholera, under predisposing influences. And this statement is rendered believable by the well-known fact that torpor and irritation are not opposite states, but opposite manifestations, merely, of one and the same state, to wit; a depressed condition of the organic stamina—and hence it is that constipation and diarrhoea, so usually alternate, often too with tidal regularity, without the least real improvement in the vital status. The constipation, in this case, being the torpid, and the diarrhoea the irritable phase of the low organic tone, consequent upon the violated law of visceral position. The rationale of this phenomenon being a sort of tidal ebb and flow of the vital force in its struggles to maintain a mean peristaltic action. This view has been abundantly confirmed by the fact, that in numerous cases, where I have applied the best form of abdominal support for constipation alone or alternating diarrhoea, I have usually found both of these to give place to an orderly peristaltic action. Thus much as to an identical cause and cure of constipation and diarrhoea.

Of Muscular Laxity and Diarrhoea.

In introducing this point, it is unnecessary to say more than merely to state that the diarrhoeal or irritable phase of muscular laxity may, on the above principles, be induced from the *first*, especially where season, climate, diet, etc., favor that form of effects, and I attach great importance to this statement, inasmuch as in chronic diarrhoea the mechanical elements in the case are seldom discerned, and consequently, for want of an early and steady support, whereby the bowels are not only supported, but braced and packed upward, thousands are yearly left to sink in spite of all other good treatment which can be brought to bear. Indeed, it is not so very essential to show that muscular laxity and an unsupported state of the bowels was the *primary cause* of the diarrhoeal condition, in order to prove that mechanical support should be resorted to at an early day as an auxiliary, inasmuch as there is no necessary analogy between *cause* and *cure*, and often there is none, and we are left with existing

and operating facts in the case, as we find them, for true indications of cure.

In a case of chronic diarrhoea fully established, what are the tangible facts? Whatever the primary cause may have been, simply this: The bowels being empty in the main, are too small in volume to properly fill the abdominal cavity, and the relaxed abdominal muscles are unable to contract sufficiently to support the bowels; and more, could they so contract, it would be in such a manner as not to elevate and support them, but rather to depress them, the axis of their action being chiefly above the proper axis of muscular support. Again, the bowels are in a more or less sore, tender, and irritable condition, and like other tissues in a similar state, require to be motionless and quiet; or in other words, that a quietus should be placed upon all the provocatives of irritation. But in the premises, this thirty feet of intestinal chain, which should be motionless and quiet, are left to be tracted at the epigastrium; to be unduly compressed at the abdominal base by their own weight; to roll about on every change of posture, and to be jolted at every step.

This also accords with the known fact, that in diarrhoea, dysentery, and cholera, the patient's sufferings are always increased by exercise, sitting, or standing; when compelled to do so, they lean forward and involuntarily support the abdomen, as if to prevent any motion of the bowels.

Besides this, every sufferer knows, that every change from recumbency toward erectness, or from the back to the side even, is usually attended by a fresh accession of pain and diarrhoeal propulsion, and that these are abated by placing the hips considerably higher than the shoulders. This also is in agreement with the uniform professional injunction in dysentery and cholera—to maintain unbroken recumbency, and also, with the long-standing practice of swathing the abdomen in cholera infantum.

I therefore maintain, that if these things be so, they unerringly point to a comfortable and embracing abdominal support, in the premises, whereby the sore bowels are properly recoiled, and nested, as it were, in the normal ascendant; injurious motion suppressed, the stimulus of upward pressure educed, and all nature as well as art encouraged to labor in the interests of recovery. This view also derives unmistakable confirmation and force from the circumstance that in no portion of the country are diarrhoeal affections so prevalent as in relaxing tropical climates, and that it is mainly in these climates where the auxiliary mechanical treatment of extreme bowel

complaints has achieved its greatest triumphs. But of this reasoning the profession must think as they please, whilst I leave the domain of theory, and proceed to the *argumentum ad hominem*, in the shape of incontestable and nearly uniform facts.

Case 1. An extensive druggist of Mobile, Alabama, where ulcerative diarrhoea was what they termed the "big disease," after passing through the usual treatment, was fain to arrange his affairs for a northern tour, as a "*forlorn hope*." Had much borborygmus, tumid lower belly, capricious appetite, soreness on riding or jolting, and felt comforted on supporting the abdomen with his hands; the character of the discharges, with internal tenderness and pain, leaving no doubt of ulceration.

To this gentleman a spinal and abdominal support was applied, on the urgency of some friend. He immediately expressed a sense of general "packing up and comfort," which was developed into a complete cure, and his northern tour was abandoned. This case did not come under my own cognizance, but was narrated to me by the distinguished Dr. MARION SIMS, who received the statement from the patient himself.

Case 2. A venerable and eminent doctor of divinity of this city, had nearly surrendered his pulpit from great abdominal and consequent vocal weakness. Applied an abdominal and spinal brace, and years afterward, writes to me, ". . . Your brace has been of unsurpassable advantage to me; advantage, not only in *speaking*, but in *walking*, in both it imparts a buoyancy to the system. It produces, however, one peculiar effect, which I wish to mention to you. I have found by experience, again and again, that when I have put it on slack and loosely, not only has a disposition to void urine more frequently than usual followed, but diarrhoea has set in, and by simply tightening the brace, both of these effects have been checked. The philosophy of this I know not, but I do know the fact. . . ."

Of Dysentery.

Dysentery, it must be admitted, is a malady near of kin to diarrhoea, both as to its outward manifestations and that reciprocal support and stimulation which should perpetually operate between the viscera and their abdominal walls.

This is also the more manifest by the fact that, much more than in diarrhoea, does motion and the vertical posture aggravate all the symptoms, and that quiet and recumbency ever bring comparative mitigation under eligible circumstances.

Both these complaints may be summed up as consisting of an irritation of the irritable stomach and bowels, in differing modifications and degrees; the irritable becoming manifest in irritation through some mere circumstance, which ordinarily would have been insignificant and inoperative. In a word, it appears to me, that reason and analogy, apart from facts, indicate abdominal and spinal support, as a rule, in the treatment of dysenteric conditions, more especially after the acute stages have passed.

For illustrations on this point, out of many, I content myself with the citation of the subjoined, narrated to me by the captain of an East India ship, whose crew was nearly cut off by epidemic dysentery. "Those of the men who survived the acute form of the disease, were left, with 'not a diarrhoea, but a running.' If the men stood, they had a liquid and odorless discharge. Swallowing a mouthful of rice water would be followed by its immediate rejection per rectum. The ship had to 'clew sails,' and the men to save unbuttoning, 'moved about with bare poles,' 'not a man could go before the mast.' In this dilemma, one sailor, under the bare instinct of his feelings, applied a bandage tightly around his lower belly, with so great relief as to report for duty in forty-eight hours after; upon this, all of the men were tightly bandaged, with equally favorable results.

Prophylactic and Remedial tendency of Abdominal Support in Cholera.

Whilst there may be doubts as to what is the *primary* cause and nature of cholera, some things connected with its *manifestations are certain*, viz., that it is a disturbed and unbalanced condition of the stomach and bowels; that the bulwark of safety consists in preventing an attack; that every feature of choleraic manifestation is that of irritation, from a low irritable state of the organic tone, or "insensible sensibilities." That whatever tends to maintain or excite a higher standard of organic tone, and avert disquieting influences, serves as a fortification to the organs against predisposing causes; and lastly, that in proportion as there exists a due supported and stimulated state of the stomach and bowels, through energetic trunkal muscles, will the desideratum be supplied. And now to the facts in the case.

When the great intangible ferment of cholera has saturated a community, the individuals composing which, are in varying degrees of plus and minus in point of organic energy; all are alike *charged and exposed*; the timid, fearful, and irritable organizations first give way, whilst thousands of others escape, until some ordinarily

insignificant circumstance acts as a match to the magazine, whilst others in still better tone escape to the end.

To illustrate better, take a jar of some crystallizable solution; so long as it is undisturbed, it remains translucent; but no sooner is a bead suspended in it, than this clear liquid leaps into solid crystal; so in epidemic conditions, thousands of attacks might doubtless be warded off by undisturbed quiet, and the slightest degree of improved tone of the organic forces.

For these and other analogous reasons, I have ever, in choleraic times, recommended energetic, abdominal and spinal support, as being of a prophylactic tendency, the real result of which (if universally adopted) could never be known, but may be inferred from what is known of its *remedial* tendency. I would say then, to all, everywhere, who have reason to fear, to maintain a supported state of the stomach and bowels in all times of exposure to cholera. If you can do no better, bandage the lower belly with strips of flannel, (cut bias, to make elastic.)

But to render the principle more effective, convenient and comfortable, an elevating and bracing support should be used, inasmuch as bandages and belts cannot but exercise too much of a *compressing*, and not a *lifting* action.

In addition to this, I also recommend camphorated and other compositions, applied under the brace, for obvious reasons.

Of Abdominal Support as a Remedy,

I now do not speak at length, as the views expressed on diarrhoea and dysentery may answer instead; the premises are identical, and I only cite a few facts in point.

Case I. In 1854, when cholera was last in this city, the writer was attacked with a most depressing diarrhoea; discharges moderate, but attended by a most depressing effect, sense of emptiness, and faintness in the stomach and bowels, with dyspnoea and lassitude, were very great. In this condition, (more from theoretic consistency than from expectations of good,) I applied the abdominal and spinal brace. The result was almost electric; relief from the languor of the eyelids even, being felt, before the instrument was fully adjusted. A desire for food returned; languor disappeared, and with it diarrhoeal propension.

Case II. A tailor had for three days been coming down under a condition identical with that of myself; "could not hold his eyelids up;" "had kept up, and found comfort by hanging his belly on the 'tailor's board' when he was cutting." Brace was applied, with instantaneous

sense of rest and comfort. Said afterward, "Don't have to shelf my belly on the board."

Case III. A lady of St. Louis, who had occasionally worn the abdominal and spinal brace for uterine weakness, had a virulent attack of cholera, which passed rapidly to the stage of collapse, when she was simply conscious of "deathly ease and sinking," with barely strength to request the brace to be applied. The application of which, she avers, was followed by a sense of most comforting support, with prompt action.

I now only ask to add on this head,

1st. That whilst I feel morally bound to press the above view, I would also urge simultaneous use of all other proper means. And,

2d. That in commencing collapse, I feel convinced that the stimulating effect of lifting abdominal support, with the hand even, would often suffice to turn the scale in the interests of life, when it is simply a question of action or non-action.

CEREBRO-SPINAL MENINGITIS.

By H. M. LAWSON, M. D.,

Of Cuthbert, Ga.

Anne T., aged five years, complained, on the 24th February last, of irregular pains in the vicinity of the larger joints, and also in the occipital and cervical regions, where it was most persistent and severe. Tongue moist and clean, bowels confined, occasional darting pains in the head, startings during sleep, and convulsive twitchings of the upper extremities, pulse natural. Some hours before my visit, she complained of chilly sensations, but now feels warm and comfortable. Was directed to have oil and turpentine, and a warm bath at bed-time.

Feb. 25th. Patient to-day growing rapidly worse, pain in the head more general and constant, muscles of the neck rigidly contracted, and the head drawn slightly backward toward the spine, temper irritable, complains of general soreness of the surface, and much pain in the cervical region, from even slight movements of the head, pulse natural both in frequency and force, bowels still bound.

R. Quiniae sulphas,

Hydrarg. chlorid. mit., aa gr. vj.

Mix and divide into six portions, one to be given every two hours.

2 o'clock, P. M. Slight febrile excitement. Otherwise about the same as this morning. Prescription continued.

10 o'clock, P. M. Patient asleep, bowels have moved slightly once, skin moist. Medicine discontinued either through mistake, or because the

parents, seeing the child so much better, thought it was not necessary to continue it.

26th. Did not see the patient in the morning. Hastily summoned to see the child in the afternoon. Found all the symptoms aggravated, head more drawn back, very restless, some delirium. Calomel and quinia resumed.

11 o'clock, P. M. More quiet, pulse 110, some jactitation and delirium still. Head still drawn back.

27th. The patient again improving and asleep. The head again approaches its natural position.

Throughout this case, the position of the head of the patient was a correct indication of her condition, being more drawn back when worse, and less so when improving.

Ordered oil and turpentine. Bowels acted (not freely) four hours after. To have calomel and quinia every four hours.

The patient continued without material change for several days. Bowels still torpid, only moving in response to cathartics; by these one or two scanty discharges, attended with much griping, and several ineffectual efforts were daily obtained.

March 2d. Some appetite to-day. Thinking that the medicines had been given for a sufficient length of time, I directed it to be given in smaller doses, and gradually discontinued, but owing to the difficulty of getting the patient to take it, it was at once discontinued. I allowed her to have any light article of diet she chose, in small quantities.

March 3d, 7 o'clock, P. M. All the symptoms again appeared with increased severity. The head became so drawn back that deglutition was performed with great difficulty. Pulse 120, continued delirium. I determined to continue by enema the prescription that had proved so serviceable, but by persevering, we managed to get the medicines taken, and after twelve hours of anxiety and labor, I was gratified to find the patient again rallying.

The calomel and quinia was continued after this for a week, and then gradually withdrawn, first by diminishing the doses, and afterward by increasing the intervals between them, and the patient made a slow recovery.

This was the last of seven cases thus treated, and six of them recovered. In none of the cases was ptolism, or quinineism induced, and in all was the same amenability to this remedy evinced, but in none was it so marked as in this.

Thinking that a report of this case and the evidence furnished by the other cases (of the value of calomel and quinia in the treatment of this

intractable disease) would be of service, I have taken the liberty of forwarding for publication.

ON THE OCCURRENCE, IN THE HUMAN SUBJECT, OF AN UMBILICAL CÆCUM.

By ELLIOTT COVES, M. D., U. S. A.

The abnormal occurrence, in man, of organs or structures properly characteristic of some of the lower vertebrata, or the persistence, through adult life, of those which really belong only to the period of foetal existence, is comparatively infrequent, and at the same time sufficiently interesting to render it desirable that authentic instances should be placed on record.

In my dissecting room experience of the past two or three years, I have been so fortunate as to meet with two excellent cases of that curious and rather rare malformation known, for want of a better name, as the "Umbilical Cæcum." I do not think it is so very unusual as is generally supposed, since, for the most obvious of reasons, it is only occasionally and quite by accident that it is brought to light. Still, I do not now recall any record of such cases in our current medical literature; and a description of those that came under my observation may present to many a novelty.

On making the ordinary crucial incision through the abdominal parietes, to institute an autopsy of a case of typhoid fever, my attention was at once drawn to what at first sight I took to be a loop of small intestine, lying in the middle of the abdomen, directly beneath the umbilicus. But a moment's examination convinced me that I had stumbled upon the curious malformation in question, and I carefully cut out the specimen, and prepared it by inflation and drying. It was a diverticulum, or cul-de-sac, of intestine, about two inches and a half long, and in calibre corresponded exactly with the portion of the jejunum from which it grew. Its axis was perpendicular to that of the intestine proper; from which, when inflated, it stood off at right angles. It was covered with a prolongation of peritoneum, and bound down by a mesentery of its own. The fibres of both the longitudinal and circular intestinal muscles were continued directly upon it, with no apparent interruption of their continuity. There was no constriction or corrugation of its base where it joined the intestine proper; but the contents of the bowels had the freest ingress and egress. The distal extremity was smooth, rounded, free, unattached either to ligamentum teres or urachus, being only bound down by the mesentery already noticed. The whole structure, in fact, of this supernumerary bit of intestine was entirely

homologous with that of the jejunum upon which it was engrafted, and was perfectly healthy in appearance. It was probably not the result of disease, and as evidently could in no wise have affected the health of its owner.

Grown curious upon the subject of "umbilical cæca," I was naturally much pleased to meet with a second case, and that too, shortly afterward. The patient died of intussusception of the bowels; and on making an autopsy, a precisely similar malformation was found. It was in this instance rather longer, being over three inches in length, and its calibre was rather more contracted, it being in diameter considerably surpassed by the jejunum. The distal extremity was less broadly rounded, and was puckered into several small elevations and depressions by constricting fibres of the peritoneum, just where the latter began to form the mesentery. In this case, I must be particular to add, the malformation had nothing whatever to do with the intussusception, which latter was situated low down in the ilium; but had a most open communication with the intestinal cavity.

It would be very easy, but at the same time extremely unphilosophical, to dismiss these structures as merely examples of a *lusus naturæ*. Comparative anatomy furnishes us with a very obvious clue to a correct understanding of their analogy; and whether the following hypothesis be right or wrong, it is better than none, and is, I believe, the one commonly accepted as most rational. It is a fact well known to us ornithologists, that in the class aves, a true umbilical cæcum is frequently to be met with, forming a diverticulum or pouch, to which those above described are, at least in material features, quite similar. This is situated at the original point of entrance of the vitelline duct into the intestine; and is the remains of, or rather is indicative of, this latter structure.

This remnant of an embryonic organ is quite persistent, and very generally to be found throughout the lower orders of birds, as the *Grallatores* and *Natatores*; while in the higher, such as the *Raptores* or *Passeres*, it is only of exceptional occurrence, and then even is with difficulty recognizable.

It seems therefore not irrational to believe that the "eidolon" of this structure which is abnormal in man, but quite normal in many families of birds, was cast for each, in much the same mould. I should take much interest in learning of additional cases of human "umbilical cæca."

U. S. A. Post-Hospital, }
Columbia, S. C., July 24, 1866. }

Hospital Reports.

JEFFERSON MEDICAL COLLEGE,
April 11th, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Strumous Disease of Eye and Ear.

Ida McK., 12 years of age. Upon the left eye there is a little milky spot, an opacity of the cornea, the result of inflammation leading to a deposit of lymph. When the deposit is so slight as in this instance its removal may be hoped for, by sorbefacient remedies applied directly to the part and through the system. She cannot meet a full stream of light. There is always in these cases more or less intolerance of light manifested by partial or complete closure of the eyelids. There is eczema behind the ears, especially on the right side. The ears discharge constantly. There is inflammation of the meibomian follicle, and a glueing together of the roots of the eye lashes in the morning. There is also an enlargement of some of the glands of the neck. She has a delicate complexion, light blueish eyes, and rather light hair. The fingers are not bulbous nor is there any incurvation of the nails. She has cold hands and feet all the time, and generally an offensive breath.

The case is one of strumous disease. We find in this class of individuals usually disorder of the digestive apparatus, foul breath, more or less indigestion, flatulence, acid eructations, sometimes heart-burn, as it is improperly denominated, constipation or irregularity of bowels, constipation sometimes alternating with diarrhoea, tumid abdomen, great susceptibility to cold and restlessness at night. The discharge from and behind the ears and the opacity of the cornea present in this patient, are merely local manifestations of the constitutional disease. Hence the propriety of addressing remedies to the system at large, and not merely to the parts affected.

The child was placed on the use of tincture of iron, ten drops three times a day, to improve the condition of the digestive apparatus, and also that of the blood. Blue mass and jalap, two and a half grains of each in the form of a pill, was ordered every fourth night at bedtime, to produce one or two pretty free alvine evacuations the next morning. The object of this purgative treatment is to improve the secretions and remove any irritating matter in the alimentary canal. The diet should be plain, simple but nutritious. She should have stale bread, old crackers, hominy, grits and mealy potatoes, a little meat once a day but none for supper; an egg occasionally, butter, molasses, plenty of milk, no coffee, but a little weak tea if she likes it. Keep her warm. Let her go out in the open air, when the weather permits. She should wear a shade about the house over the eyes, and a veil out of doors. Inject the ear twice a day with permanganate of potassa, one-half a grain to about one-half a tumbler full of warm water, thrown in gently with a good syringe. This will act as a

deodorizer, detergent, alterant and slight stimulant. Chlorinated soda acts quite as well. If the ears do not improve under this treatment, use will be made of a very weak solution of nitrate of silver. In regard to the opacity of the cornea, the mother was directed to put one drop of very thin molasses into the eye twice a day, morning and evening. This will act as a sorbefacient. Care must be taken not to excite the action of the capillary vessels, otherwise a deposit of plastic matter is produced instead of its absorption. In a few weeks, the child will be placed on the use of one of the iodides.

Scrofulous Abscesses.

Barney C., aged 37. He has a tumor over the ribs on the right side of the middle line below the scapula, which has been there eight weeks. As the contents are displaced at one point, they become prominent at another. There is no particular discoloration of the skin, and no pain upon handling the part. He feels weak, looks pale and is becoming thin, he says. His appetite is poor.

This tumor cannot be encephaloid in character, because it is a little too soft, and there is an absence of enlargement of the subcutaneous veins. It is evidently a strumous or scrofulous abscess, and probably connected with disease of the ribs. The inference that the growth is of this description is made from its duration; from the fact that there is more or less pain, whereas encephaloid diseases are usually painless, except when struck, or the surrounding part injured; from the heat present to an extent rarely seen in encephaloid; and from the distinct fluctuation. This is a different manifestation of the same constitutional condition as that observed in the little patient just treated.

One object of treatment will be to open this abscess to discharge its contents, and if there is no serious disease of the ribs, we shall be able to obliterate the sac in which the matter is contained, for in this form of abscess there is a pyogenic membrane formed out of plastic matter. This sac is not always easily obliterated, and if the air be allowed to enter it, it is sure to produce decomposition of its contents, as the result of which there is great constitutional disturbance.

The most dependant part of the swelling was selected for opening. The pus evacuated was thin, and of a yellowish appearance, inclined to greenish. If examined carefully, it would be found to contain a very large quantity of oily matter with a comparatively small quantity of pus globules. On standing, it would separate into two parts, a sero-oleaginous fluid swimming upon the surface, and a great deal of granular matter containing pus globules, sinking to the bottom. Such pus can only occur in persons of a strumous diathesis. A tent was introduced, well oiled. Opium was ordered to counteract the temporary disturbance produced by the ingress of the air. Two grains at least was directed once in twenty-four hours. Also twenty-five drops, every four hours, of tinctura ferri chloridi, containing twenty grains of quinine to the ounce. Nutritious diet, alcoholic stimulants and rest were enjoined.

Contusion of Hip-Joint.

A. J., aged 26. Up to his fifteenth year his left hip was perfectly sound. Then he slipped down, and, he says, dislocated his hip, confining him to bed about six weeks. In standing, he inclines the body over toward the right side, bringing the axis of the trunk on a line with the sound limb, to defend the left as much as possible from the pressure of the body.

The knee of the affected extremity is projected forward, the heel raised from the surface, and the great trochanter stands out with great prominence. The spine is curved. The thigh on the left side is not quite so large as the unaffected one. As he moves the limb he carries the pelvis along with it, showing comparatively little motion in the articulation.

There is no evidence of any dislocation here. The head of the bone is in its socket. The case was one of contusion or sprain. This accident resulted in inflammation extending to the synovial membrane, and followed by a deposit of plastic matter which has become organized, and holds the head of the bone in the acetabulum. There is a creaking sound, but very little motion on rotating the limb. If this youth had had these adhesions broken up long ago the functions of the part might have been fully restored. Now it is doubtful if anything can be done.

The patient was placed under the influence of chloroform, and the limb extended. Exercise may effect some good, but as there is so much deformity in the spine, it is questionable whether he will be permanently benefitted. The extraordinary prominence of the great trochanter, here present, is observable in many cases of contusion or sprain of the hip-joint.

Reviews and Book Notices.

Medical Diagnosis, with Special Reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M. D., Lecturer on Clinical Medicine, and Physician to the Pennsylvania Hospital; President of the Pathological Society of Philadelphia, etc. etc. Illustrated with Engravings on Wood. Second edition. Revised. Philadelphia: J. B. LIPPINCOTT & Co. 1866. 8vo., pp. 784. Price \$6.

When this work was first issued, it was pronounced by a cotemporary medical journal to be the best existing Manual of Medical Diagnosis. It has, since, passed well through the ordeal of criticism, at home and abroad; and the new edition has been carefully revised. We are, therefore, safe in repeating the above expression of commendation. It ought, and we presume is likely, to be regarded as an indispensable hand-book for the well-trained student, and a work of constant reference for the observing practitioner.

Minor oversights and omissions, of which a few were noticeable in the first edition, have been generally corrected; while several important ad-

ditions have been made. Thus we find now a good account of WUNDERLICH's and RINGER's observations upon the *temperature* of the body as a means of diagnosis; more than a dozen pages have been added upon diseases of the brain and spinal cord; laryngoscopy receives full attention; pigmental degeneration of the blood in malarial disease is described, and other alterations of the blood are more fully considered; the section on the urine has been made more complete; vegetable parasites receive more attention, and the chionyphe Carteri is introduced; while trichiniasis has, instead of a paragraph, more than ten pages, with full illustration.

As a matter of taste, we regret that Dr. DA COSTA has not altogether omitted the occasional remarks upon the *treatment* of diseases which appeared in the first edition. They are necessarily very incomplete, and are quite out of place in a Manual of Diagnosis. The only way in which treatment can ever be relevant to that subject is, through the occasional diagnostic value of the comparative *effects* of remedies; but our author's paragraphs upon therapeutics are not so limited, and seem to be dropped in here and there without any method whatever.

The student who wishes merely to memorize the distinctions between disorders, will not find the arrangement of this book the most favorable for that end. A number of excellent tables of contrast, it is true, afford convenience for it; but, generally, it follows rather the system of clinical signs than that of nosological names. This makes it all the better, however, for thorough study; and, indeed, for practical guidance.

Handsome printing, excellent wood-engravings, and good binding, make this a pleasant book for reading or reference.

With an addition of nearly a hundred pages, the bulk of the volume is made to be no greater than that of the first edition; a fact which contributes to its convenience for use.

A Handy-Book of Ophthalmic Surgery. For the Use of Practitioners. By J. Z. LAURENCE, F. R. C. S., M. B., (Univ. Lond.,) Surgeon to the Ophthalmic Hospital, Southwark, Editor of the *Ophthalmic Review*, etc. etc.; and ROBERT C. MOON, House-Surgeon to the Ophthalmic Hospital. With numerous illustrations. London: R. Hardwicke. 1866. 8vo., pp. 160.

If it was ever derogatory to a high reputation to write a small book, it is no longer so. One must have, in this age, extremely good matter to make it justifiable ever to write a large one; and it requires more ability in authorship to give the same matter in the condensed form than in that of rarefaction. A pressure of many atmos-

phers—to borrow a figure—must have been employed in producing this thin “handy-book.” Every word tells; and so does every illustration. As the preface states, it has been its authors’ aim “to bring the principles and practice of modern ophthalmic surgery within a small compass, to supply the wants of the busy practitioner, who may have neither time nor opportunity to read the innumerable contributions that ophthalmic surgery and science have received within the last fifteen years.” In describing symptoms, they have limited themselves to those which are essential for the *recognition* of disease; in describing operations, to those details which are essential for its *treatment*.

The first chapters, upon the methods of examining the eye, and general remarks upon ophthalmic operations, are very precise and clear, although brief. Chloroform is used by the authors in every kind of operation upon the eye, and without any bad result. Prof. JACOBSON is quoted as having stated at the Heidelberg Congress of 1864, that in about fifteen hundred cases in which chloroform had been administered, in five years, on no occasion had any signs of danger occurred; and that vomiting exerted no deleterious influence, if, as soon as its advent became apparent, the eye was properly protected by a cotton-wool compress. Messrs. LAURENCE and MOON regard anaesthesia as especially important in the operation for cataract.

For lacrymal strictures, our authors prefer dilatation by the systematic introduction of probes, after slitting up the canaliculus, to the older method of the style; unless in exceptional cases. For otherwise incurable lachrymation, the extirpation of the lacrymal gland, an easy operation, is proposed, having been suggested by BERNARD twenty years ago.

After tenotomy for strabismus, LAURENCE and MOON urge the daily exercise of binocular vision by the stereoscope. For ophthalmia of new-born infants, they recommend with confidence the early introduction of a solution of nitrate of silver, ten grains or more to the ounce. For conjunctivitis with pustules near the cornea, ointment of the *yellow oxide of mercury* is particularly advised. Obstinate granulations are said to be sometimes most effectually removed by applications of *liquor potassæ*. Messrs. LAURENCE and MOON do not give mercury in iritis; they find their cases get on as well without it. They make no distinction in treatment between syphilitic and non-syphilitic iritis.

For extraction in hard cataract, our authors, in most cases, prefer CRITCHETT’S modification of

WALDAU’S operation: making a corneal incision to the extent of one-third of the circumference of the cornea, excising a portion of the iris, lacerating the capsule of the lens freely with a cystotome, and then withdrawing the lens with a silver spoon with a *small* bowl, having an inverted terminal edge, which is gently introduced *behind* the lens. For soft cataract, the safest operation is considered to be simple division of the lens-substance with a lance-headed needle; repeating the operation several times. TEALE’S more rapid operation of removal by a “suction-curette” is, on the experience of Messrs. LAURENCE and MOON, regarded as not so safe.

In a brief historical sketch of glaucoma, its phenomena are all finally referred to morbidly increased tension of the tunics of the eyeball, from pressure of its contained fluids. Iridectomy is, notwithstanding all opposition, pronounced to be the operation for glaucoma; its curative or restorative power being inversely proportional to the duration of the disease. The *rationale* of its action is obscure. Our authors think, most reasonably it appears to us, that the greater part of the benefit results from the largeness of the corneal incision, and the consequent relief of tension; comparing thus with a limited paracentesis corneæ as the free incision of an abscess does with a mere puncture. SPERINO reports that repeated paracentesis of the cornea compares well with iridectomy in results.

The last chapters in the Handy-Book, upon vision, its defects and their correctives, are full, clear, and exact. The view is adopted without question, that accommodation of sight to near objects is mainly produced by increase of the convexity of the crystalline lens; effected *probably* by the action of the ciliary muscle, which WHARTON JONES, ROUGET, and others have shown to consist of circular and radiating fibres. The recently promulgated doubts as to the real muscularity of the iris are not alluded to, but it is considered to be auxiliary in accommodation.

Whoever wishes to obtain in the smallest possible space, clearly and authoritatively enunciated, all the essentials of ophthalmology, can do no better than to master this treatise of LAURENCE and MOON. We should suppose its reprint in this country to be very desirable.

— A new uniform has just appeared on the Italian field of battle—that of members of the International Association for Succoring the Wounded, who wear those words inscribed on their hats, and have, as a distinctive sign, a white band with a red cross around their arm.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, AUGUST 11, 1866.

BRAITHWAITE'S RETROSPECT.

It having been announced that, commencing with July, a Digest from American Medical Journals would be issued as an Appendix to the republication of the above work, Mr. TOWNSEND, the publisher, gives the following reason for postponing it till the next issue:

"It has been the intention of the American Publisher of BRAITHWAITE'S RETROSPECT to add a DIGEST from the American Journals as an Appendix to this work, and after the issue of the last number he announced that he would do so, and that he had engaged Dr. A. K. GARDNER, late Professor of Diseases of Females, in the New York Medical College, to superintend this addition. After considerable deliberation, he concluded not to make any extra charge to his subscribers, but to add this *rèsumé* to the original work, which should be furnished at the same price as heretofore. This intention was based upon the supposed probabilities of a fall in the prices of labor and material. Their continued advanced prices, together with the vicissitudes of the times, admonish against any new undertakings, and the publisher will, therefore, defer the commencement of the new feature in the Magazine to the commencement of the new volume—the following January number."

Notes and Comments.

Thompson's Deodorizer and Disinfectant.

This compound contains by measure,

- 6 parts of gypsum,
- 2 parts of fresh burned ground lime,
- 2 parts of prepared granulated charcoal,
- 1 part hard wood ashes.
- 1 part common salt.

An eminent and entirely disinterested authority, in a business letter, says, speaking of this disinfectant, "I believe it to be the *best and cheapest* one extant. It can be had for about \$4 per barrel, and will go about as far as chloride of lime at \$12. I have experimented with it, and such is my conclusion. A *good and cheap* deodorizer and disinfectant was a *desideratum*; it is so no longer. You see, from the composition of

this, it must slowly develop *chlorine gas*, and that makes it more permanent in its effects than chloride of lime. I think you would subserve the cause of science and humanity by noticing it."

A Singular Omission.

Section 6, of the Army Bill just passed by Congress, as published in the *Army and Navy Journal*, designates the regimental and company officers of the reorganized and new regiments, but makes no mention whatever of surgeons or assistant surgeons. Is this omission a blunder in the law, or is it a clerical or a typographical error? A regiment of a thousand men, either in camp, barrack, or on active duty, will not be long in discovering that a surgeon is an indispensable requisite in its organization.

Books, etc., Received.

The Medical Register of the City of New York, for the year commencing June 1st, 1866. This excellent little work is published under the supervision of the New York Medico-Historical Society, and is edited by Dr. GUIDO FURMAN. It contains a very large amount of information interesting to medical men, including a directory of all regular practitioners in the city, and seems to be an indispensable companion to a New York physician's office. For sale by Wm. Wood & Co., 51 Walker st., N. Y.

Thermometric Observations on Fever. By THOMAS WRIGLEY GRIMSHAW, A. B., M. B., Physician to Cork street (Dublin) Fever Hospital, Lecturer on Materia Medica, etc. etc.

Also, by the same author: *On Atmospheric Conditions influencing the Prevalence of Typhus Fever.*

A Letter to the Consulting Physicians of Boston, on Cholera. By WM. READ, M. D.

Correspondence.

FOREIGN.

DUBLIN, July 19th, 1866.

Typhus and Typhoid Fevers.

EDITOR MEDICAL AND SURGICAL REPORTER:

At a recent meeting of the Medical Association, Dr. HENRY KENNEDY brought forward a number of interesting cases, where the symptoms of typhus and typhoid (or enteric) fever were so mixed that it was impossible to say under which disease the patient was laboring. Dr. KENNEDY used these cases in support of opinions, long held,

and often expressed by him, that typhus and typhoid fevers were only varieties of a disease produced by one common poison; and that the diseases were not specifically different. He also detailed cases supporting the same views, where the typhus and typhoid forms of fever had arisen in different members of the same family at the same time.

Typhus Fever and Ozone.

At the above-mentioned meeting Dr. GRIMSHAW handed in a diagram comparing the prevalence of typhus fever with the amount of ozone in the atmosphere (being a supplement to a paper read by him at a former meeting of the Society, "On Atmospheric Conditions Influencing the Prevalence of Typhus Fever.") Dr. GRIMSHAW stated that there appeared to be no correspondence between the amount of ozone in the atmosphere and the prevalence of typhus; this being contrary to the prevailing opinion, that the greater the amount of atmospheric ozone the less the prevalence of zymotic disease.

Cerebro-Spinal Arachnitis.

Cerebro-spinal arachnitis, which was epidemic on the continent of Europe during the last year, has been prevalent amongst us for some time past, but has not assumed the epidemic form, which it did in 1846, when it last visited this country. A number of cases have occurred in the various hospitals.

"Black Death."

An unusual form of zymotic disease has appeared in this city, which has been described under the alarming name of "black death," being supposed by many to be the terrible scourge which visited this country, and was known by that name, in the fourteenth century. The black death, which is mentioned more than once in history, seems to have included several diseases, especially plague, and a malignant form of typhus. The disease which appeared here lately seemed to resemble a very malignant form of typhus, more than any other disease with which we are acquainted; and it is worthy of remark, that during the time the cases of "black death" occurred, the typhus eruption, as seen in our hospitals, presented an unusually large and dark appearance, and that the mortality of typhus was higher than usual here. There were only about six cases of this terrible disease, all proving rapidly fatal within twenty-four hours; the greater portion of the body turning black before death. The disease has not shown any sign of spreading, and for some time past the city has been free from it.

Cholera.

Cholera has appeared at several of the English seaports, but fortunately has not spread inland, nor made its appearance in Ireland. It has twice appeared in Liverpool, having been introduced into that town by the German emigrants, and by them also conveyed to the American side of the Atlantic. On both occasions the disease appears to have been confined within narrow limits, by active sanitary and quarantine arrangements.

A New Medicated Pessary.

At a recent meeting of the Obstetrical Society, Dr. KIDD exhibited a new form of medicated pessary. The pessary consisted of a cylinder formed of cotton wool, impregnated with cocoa butter, having a conical end, and a cavity into which the medicament could be introduced, and sealed up with a portion of cocoa butter. The pessary is introduced into the vagina, when, the buttery matter gradually melting, the medicine is diffused over the mucous membrane and absorbed. The cotton wool obviates two inconveniences in the use of cocoa butter, as a basis of medicated pessaries; first, it gives a firmer consistence, preventing the pessary being bruised by the force used in its introduction; and secondly, retards its melting, giving some time for the absorption of of the medicine.

Chlorate of Quinine

Has recently been employed by Dr. LYONS at the Whitworth and Hardwicke Hospitals, as a tonic and stimulant. It is considered superior to the sulphate of quinine, on account of the large amount of oxygen contained by the chlorate, which is supposed to be given off, thus adding the stimulant properties of oxygen to the tonic qualities of quinine.

The Physiology of Todd and Bowman.

The first part of a new edition of the celebrated Physiology of TODD and BOWMAN has just appeared, under the able editorship of Dr. LIONEL S. BEALE. The work bids fair to continue its character as the standard authority on physiology in these countries. The part just published is chiefly introductory, detailing the new ideas about cell-growth, lately investigated by the editor, and now almost universally received. These new views seem quite to upset all our notions of cells and cell-growths, which have so long held their ground, and believed to be established facts.

The Death of Dr. Toynbee.

I regret to announce the death of Dr. TOYNEE, the well-known aural surgeon of London. He met with his death in a most melancholy manner; in fact he has been a martyr to the science of

medicine. He was engaged making experiments upon himself with regard to the effects of the inhalation of chloroform and hydrocyanic acid, having in view the use of these agents co-employed in the treatment of tinnitus aurium.

He was found dead in his study by the servant, with a piece of cotton-wool over his mouth, supposed to have contained chloroform. His notes, sheets, with notes on the subject which he was investigating, were found on the table by his side.

His death is universally regretted, as he was much respected and beloved, not only on account of his professional, but his private worth.

T. W. G.

DOMESTIC.

Cholera not Contagious.

EDITOR MEDICAL AND SURGICAL REPORTER:

Cholera, like diphtheria, is a household word, and attracts equal attention from the physician and the community.

The mystery with which it is enshrouded, and the fatality which attends it, render facts calculated to alleviate it of its inhumanity, of interest to all.

Its contagiousness is still under consideration, and cannot readily be solved in cities where there are so many ways of communication, and exciting causes of disease. In smaller towns, special cases are more readily traced, and afford more reliable facts upon which conclusive data can be founded.

The following case I deem of sufficient importance to the profession to present it through the REPORTER, and it may perchance be a link in the chain of evidence, proving the non-contagiousness of cholera.

On the 11th of June, Martin Hardenberger, of Cattaraugus county, New York, arrived in Williamsport, Pa., on the 6.30, P. M., train, direct from New York city. He retired at 9, P. M., in ordinary health, as far as known, without his tea. At 2, A. M., on the morning of the 12th, he made an alarm, and at 4 o'clock the physician of the house was called in. At 8½, A. M., Dr. J. S. CRAWFORD was called in consultation, and found him vomiting and purging, with cramps, and a lividity of the entire skin, especially of the extremities, which were of a plum color, cold as ice to the elbows and knees, pulseless, with cold respiration, and cold tongue; cold, clammy sweat, with huskiness of the voice, scarcely able to articulate, incessant thirst, and shriveled condition of the skin, engorgement of the blood-vessels of the conjunctiva, and hippocratic countenance. The dejections of the stomach and bowels were as

colorless as rice-water, with a few flocculæ floating in it. When applied to the sheets it did not stain them, or cause a perceptible odor.

The cramping of the muscles and the evacuations of the stomach ceased at 10, A. M. At 1, P. M., a feeble attempt at reaction occurred, which was transient. After 3 o'clock, deglutition and articulation were entirely suspended, and he was unconscious till he died, at 9, P. M.

The most of our prominent physicians saw the case frequently during the day. He was surrounded by the family of the landlord and the attendants of the hotel. There was no attempt made at isolation. The excrements and bedding were buried, but his carpet-bag and papers were preserved for his friends, and thirty-six hours after interment, he was exhumed by request of friends, on account of identity. With all this exposure, there has not been one case of cholera or choleraic diarrhœa to the present time in this city.

If cholera is so exceedingly contagious, is it not strange that in a case so well marked, in a town of over 12,000 inhabitants, during the heated term of June, there should not be some evidence of its contagiousness? Especially as there has been an unusual amount of disturbance of the mucous membranes of the alimentary canal during the past winter and spring, causing more diarrhœa and cholera morbus than is generally found at the present time.

This excessive irritability of the mucous membranes leads us to believe that the atmosphere has been for some time impregnated with choleraic malaria, and that if, from want of sanitary precaution, a sufficient amount of choleric malaria is generated, we have cholera, when the cholera sporules are brought into our midst or not, just as we are hygienically situated.

B. H. D.

Williamsport, Pa., 3d August, 1866.

Case of Aphonia.

EDITOR MEDICAL AND SURGICAL REPORTER:

Allow me briefly to present the notes of a case which came under my observation a few days ago, which, if you deem worthy, you will please assign a place in your valuable journal.

Mrs. S. W., æt. 30, of nervo-sanguine temperament, applied at my office with complete loss of voice, which she said dated back seven weeks. On examination, the fauces and larynx presented nothing abnormal. No pain, not even tenderness. Lungs apparently healthy. No cough. On requesting her to speak, she would make the effort, but could produce nothing above a faint

whisper. Never had hysteria, but being of a nervous organization, I hesitatingly pronounced it a case of nervous aphonia, being only functional in its nature. Accordingly she was prescribed ten drops of tinct. ferri chloridi every four hours, with pulv. cubebæ, gr. x., dry on the tongue, thrice daily, and directed to apply small blisters to the region of the larynx, and the galvanic current, one pole directly over the laryngeal muscles, with the other to the nape of the neck.

Four days after the above treatment was persisted in, I had the satisfaction to find my patient's voice perfectly restored.

The case is important, in showing how obstinately it resisted all attempts at treatment with iodine and its salts, by her previous medical attendant.

A. P. FETTEROLFF, M. D.

Lützenberg, Pa., 7th mo., 27th, 1866.

Twins with one Placenta, two Cords, and one Set of Membranes.

EDITOR MEDICAL AND SURGICAL REPORTER:

At 2, P. M., July 22d, while I was engaged in reading, and had just completed the first paragraph of Dr. B. F. REYNOLDS' letter respecting a case of "Twins with one placenta, two cords and one set of membranes," published on page 24 of the MEDICAL AND SURGICAL REPORTER, for July 7th, 1866, I was hastily summoned to see the wife of George M., (Freedman,) at No. 62 Charlotte street. On arriving at the house, I found the patient a young, strong, and healthy woman, about twenty years of age. She supposed herself to be about six and a half months advanced in pregnancy; had been in labor since daylight; liquor amnii (which was very profuse, two buckets full, the nurse declared,) had been discharged at one gush, between seven and eight, A. M., since which time the pains had gradually decreased in strength and frequency, and now recurred very feebly, almost imperceptibly, about every twenty or thirty minutes.

Examination per vaginam showed the parts cool and moist, the os easily dilatable, and the vertex of a small child presenting. Auscultation could discover no placental souffle, or beating of the foetal heart. The mother said she had felt the movements of the child up to the night before her labor-pains commenced. I administered wine of ergot f.ʒj, and ten minutes after repeated the dose, upon which she immediately fell asleep, and slept soundly for forty minutes, when she was suddenly aroused by a recurring pain, which being once or twice repeated, she soon expelled an apparently healthy, perfectly formed, and

well-developed male child, which however showed no signs of life. This was soon followed by a second fetus, (precisely similar in size, sex and features,) together with a single placenta, one amnion, one chorion, and two cords; the placenta, if anything, rather smaller than ordinary, having the two cords attached equidistant from its circumference, and about four inches apart. I have the fetuses, together with their anomalous and interesting appendages, now preserved in alcohol in my office.

Very respectfully,

JOHN L. ANCRUM, M. D.

Charleston, S. C., July 26, 1866.

Case of Hysterical Delirium.

EDITOR MEDICAL AND SURGICAL REPORTER:

Miss Lizzie C—, good constitution, generally enjoys good health, regular in her menstruation. Has been reading recently a good deal of light literature. Resides, temporarily at a short distance from the city. Came to the city on Thursday, May 3d, to see her father, when she lost her way, after which, her friends said she acted strangely.

Friday, May 4th. Called suddenly to see her. Found her lying on the sofa, complaining of pain in the head and back, and quite delirious, recognizing no one. She was menstruating at the time, discharge less than usual, and just about leaving her the day she was taken ill.

From the suddenness of the attack, the great nervous agitation, rolling of the eyes, chills, evidently nervous, occurring from time to time, expectoration of a frothy mucus mixed with blood, and considerable tenderness along the spine and over the abdomen, I was inclined to regard the case as a purely hysterical one, and so expressed myself to the family.

Prescribed elix. valer. ammon. and a purgative injection. Saw her again in the evening, condition still the same; ordered one leech to each temple; in this, yielding to the urgent solicitations of the family, who regarded the delirium as indicating congestion; no effect produced however.

May 5th. Had slept very little during the night, still the same boisterous delirium; applied counter irritants to the spine, chloroform liniment to the back of the neck, ice to the head, and same treatment internally, with the addition of elix. cinchona.

She continued in about the same condition, although occasionally recognizing some members of the family, for a little while only, until the Thursday following, when she became rational at

times during the day. Since that time she has been improving slowly, although still very weak physically and mentally.

At the present time, July 28th, she is perfectly well in every respect.

The interest in the above case arises from the fact that the delirium lasted so long, and resulted in so slight an impairment of the intellect, which one would have supposed would have been permanently affected. ROSS R. BUNTING, M. D.

Roxborough, Pa., July 29th, 1866.

Treatment of Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

As the treatment of cholera is not so thoroughly defined by the profession as to be either specific or stereotyped, I desire to suggest a method in which a limited experience has proved satisfactory, and which commends itself to me as better than any course at present adopted.

Give the patient five drops each of laudanum, camphor, and chloroform, in a teaspoonful of sweet oil or melted lard, every fifteen minutes, if the vomiting or purging is as frequent as this, and if not, give it after every dejection. As far as possible, give the mixture just after the vomiting.

As a drink, let the patient use a solution of muriate of ammonia. My plan is just to dissolve the hard salt in a tumbler of water, and allow its use almost at pleasure, varying its strength according to the degree of prostration and of thirst. From one to three drachms may thus be used each hour, in severe cases. Of course, the use of dry heat, sinapisms, and all means of sustaining the circulation in the capillaries is not to be omitted. Where the diarrhoea is a far more prominent symptom than the emesis, injections of brandy and green tea will be of service. Some of these remedies are old, and muriate of ammonia is used by the Germans for almost everything, but I am sure that this mode of employment will be found of service.

I give laudanum, etc., in small doses, to obtain its stimulating effect. I will enlarge on this point at some future time. I believe, with JOHNSON, that oil is good, but not because it is a cathartic. It is well thus to protect the disturbed epithelium.

I desire all who are not satisfied with their present treatment, to try this in decided cases, and before hopeless collapse, and report to you as to its value.

H.

— Dr. VIALLET urges the necessity of establishing a school of midwifery (for midwives) in each of the Departments of France.

News and Miscellany.

University of Vermont.

At the commencement of the University of Vermont, held at Burlington on the 1st and 2d inst., the following gentlemen received the degree of Doctor in Medicine:

Edwin W. Bartlett, Eugene A. Benton, Joseph H. Birdseye, Jas. H. Blodgett, Archibald W. Burns, Rufus K. Clark, J. Wesley Copeland, Harris Fellows, William H. Giddings, James Y. Godfrey, Frank W. Graves, Joel Grover, Charles J. Harder, James C. Harmon, Lewis H. Hemenway, Seneca T. Hyde, Erasmus K. Kent, Enoch W. Kent, George H. Kenyon, Jedediah S. Kingsley, William V. Kirk, Braman E. Lengfeld, John P. Martin, Harrison C. Moore, Frank W. Page, Francis L. Peiro, William H. Revois, Gary W. Reynolds, Stephen M. Roberts, Edward P. Russell, Frederick W. Seward, Robert F. Spier, Adelfert H. Tagert, Lloyd P. Fogue, Seymour S. Wilbur.

Dr. WILLIAM KENNEDY, of New Orleans, reports the following extraordinary case in the *Southern Journal of the Medical Sciences*. Dr. BRICKELL, one of the editors of the *Journal*, expresses the opinion that the fœtus could not have been more than one hundred and forty to one hundred and forty-five days old at birth.

Early Viability of the Fœtus—Extraordinary Case.

In 1845, Mrs. A. B., primipara, suffered, as she thought, during one whole night with colic. I saw her next morning, when I recognized that she was in labor, which had progressed so far that I made no attempt to arrest it. Within a half hour after my arrival she gave birth to a fœtus. It was not more than eight inches long, and was as red as a piece of raw beef. True dermoid tissue could not be said to be organized, its general investiture being so delicate a membrane, as it were, that the eye could look through it on the tissues beneath. The eyes were still closed; there were no traces of cilia or supercilia; its chest was about two inches broad; the arms and legs were very slender, and the toes and fingers devoid of any traces of nails. The head was about the size of a small orange. The respiration was so feeble as scarcely to be perceptible, and not a sound was uttered after birth. I was almost afraid to handle it, as I could not divest myself of the idea that the slightest pressure of the fingers would thrust them into the soft, red, jelly-like mass before me. When I raised it from the couch, and laid it in the length of my left hand, the head lay on the convexity of my flexed fingers, the chest and breech in the palm, and the feet reached almost an inch beyond the wrist.

I wrapped it carefully in batting, and carefully attended to maintaining a proper surrounding temperature. It was fed drop by drop with sugar and water every four or five minutes; and later,

when the mother could supply it with milk, half a teaspoonful was given every half hour or hour. Within three weeks after birth it had a mild attack of trismus. During treatment I gave it frequent baths in a tumbler. The period of infancy was one of the most stormy I ever saw. Hydrocephalus, cholera-infantum, measles, diarrhoea, are some of the many affections it suffered from during that time, and up to three or four years of age. When last I saw him he was a fine healthy boy of twelve years, and gave promise of a vigorous manhood.

I should have been pleased to have furnished a more accurate account of this case. The importance of the subject demands it. But my notebook, carefully preserved during many years of arduous practice, and which I hoped, in my declining days, to make useful to my brethren, through the medium of the press, has, like my library and every vestige of household material, passed from my possession under the ruthless hand of destructive war.

Pension Examining Surgeons.

The following are recent appointments:

Illinois—Dr. GEO. L. LUCAS, Peoria.

Minnesota—Dr. J. B. LE BLOND, Brownsville.

Missouri—Drs. HENRY J. CHURCHMAN, Chillicothe; GEO. W. FARRAR, Ironton.

New York—Dr. ALFRED EDELIN, Corning.

Wisconsin—Dr. A. J. WARD, Madison.

Where Female Sex Prevails.

Some curious statistics have just been published, with respect to the population in France. It appears that the females numbered 18,741,037, and the males 18,645,276, forming altogether 9,054,030 families. There exists 5,009,120 boys under age, and 6,106,321 girls. Of 8,579,046 unmarried persons, there are 4,479,850 females. There are 931,023 widowers, and 1,790,126 widows. Of the widowers 81 are 20 years of age, and there are 820 widows of the same age. France possesses, at this moment, 1,529,154 girls of from 15 to 20 years of age, and 1,308,366 boys of the same age. The greatest examples of longevity are supplied by females. We find three females out of four unmarried persons who have reached the age of 105, and two widows who have passed that age. 17,371 French men, and only 13,409 French women, have lost their sight; 12,447 French men, and only 9,509 French women are deaf and dumb; 22,319 French women have become insane, and only 2,372 French men. (?) There are 23,407 male idiots; and only 18,118 female idiots. The female sex prevails in France, while it has constantly decreased in the city of Vienna, since the year 1830, in the proportion of three-hundredths every six years.

—PROFESSOR PROCTER, the editor of the *American Journal of Pharmacy*, has resigned the chair of Theory and Practice of Pharmacy, which he has filled for twenty years at the Philadelphia College of Pharmacy. The students have presented to him a splendid tea-service as a testimonial of their appreciation of his long services and eminent acquirements.

Army and Navy News.

ARMY.

The following is Section 17th of the Army Bill passed by Congress during the last hours of its late session:

SEC. 17. *And be it further enacted*, That the Medical Department of the Army shall hereafter consist of one Surgeon-General, with the rank, pay and emoluments of a brigadier-general; one Assistant Surgeon-General, with the rank, pay and emoluments of a colonel of cavalry; one Chief Medical Purveyor and four Assistant Medical Purveyors, with the rank, pay and emoluments of lieutenant-colonels of cavalry, who shall give the same bonds which are or may be required by assistant paymasters-general of like grade, and shall, when not acting as purveyors, be assignable to duty as surgeons by the President; sixty Surgeons, with the rank, pay and emoluments of majors of cavalry; one hundred and fifty Assistant-Surgeons, with the rank, pay and emoluments of first lieutenants of cavalry for the first three years' service, and with the rank, pay and emoluments of captains of cavalry after three years' service; and five Medical Storekeepers, with the same compensation as is now provided by law; and all the original vacancies in the grade of assistant-surgeon shall be filled by selection by examination from among the persons who have served as staff or regimental surgeons or assistant-surgeons of Volunteers in the Army of the United States two years during the late war, and persons who have served as assistant-surgeons three years in the Volunteer service, shall be eligible for promotion to the grade of captain. And the Secretary of War is hereby authorized to appoint from the enlisted men of the Army, or cause to be enlisted, as many hospital stewards as the service may require, to be permanently attached to the Medical Department, under such regulations as the Secretary of War may prescribe.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending August 4th, 1866.

Surgeon T. Dillard, detached from Navy Yard, Philadelphia, and placed on "waiting orders."

Surgeon L. J. Williams, detailed for duty at Navy Yard, Philadelphia.

Surgeon A. S. Oberly, detached from Navy Yard, New York, and ordered to duty at Naval Station, Mound City, Ill.

Past Ass't-Surgeon J. S. Knight, detached from Naval Station, Mound City, Ill., and ordered to duty on board the U. S. Ship "Mohican."

Ass't-Surgeon J. M. Flint, detached from the Naval Academy, and placed on waiting orders.

Ass't Surgeon Wm. F. Terry, detailed for temporary duty at Washington, D. C.

Ass't-Surgeon F. Kreeker, detached from Naval Hospital, New York, and ordered to duty on board the U. S. Ship "Jamestown."

Ass't-Surgeon Wm. H. Coles, detailed for duty at Naval Hospital, New York.

Acting Ass't-Surgeon Edgar A. Dulin, detached from the U. S. Ship "Pampero," and placed on "waiting orders."

Acting Ass't-Surgeon Alex. McKenzie, detached from Naval Hospital, Pensacola, and granted leave of absence.

Acting Past Ass't-Surgeon T. V. Greene, detached from Navy Yard, Washington, and detailed for temporary duty at the Naval Laboratory, New York.

MARRIED.

MONTGOMERY—JORDAN.—In Manayunk, Philadelphia, on the 31st of July, at the residence of the bride's father, by Rev. David Spencer, Dr. William V. Montgomery, of North Carolina, and Miss Annie L., daughter of Mr. John Jordan.

STORER—WADDLE.—July 24th, by Rev. L. Grier, John H. Storer, M. D., and Miss Sue L. Waddle, all of Ohio county, West Va.

DIED.

PARSONS.—In New York, July 30, Grace only child of Dr. R. L. and Helen L. Parsons, aged 1 year and 12 days.

ANSWERS TO CORRESPONDENTS.

Dr. W. McK., *Mr. Hope, Ohio*.—Trocar and Canula, sent by mail, 3d inst.

Dr. F. H. D., *Chest Springs, Pa.*—Uterine Speculum, and Lallemand's Porte Caustique, sent by express, 3d inst.

Dr. A. R. B., *Petersburgh, Ind.*—Two copies, Microcosm, sent by Mail, 27th ult.

Dr. V. L., *Evansville, Ind.*—Microcosm, sent by mail, 27th ult.

Dr. R. C. M., *New Buffalo, Pa.*—Flint's Practice, and Hartshorne on Cholera, sent by Express, 27th ult.

Dr. S. B. C., *Walkertown, Ind.*—Ear-trumpet, sent by express, 3d inst.

Dr. W. G., *New Geneva, Pa.*—History Am. Med. Association, sent by mail, 23d ult.

Dr. W. P. R., *New Market, Tenn.*—Cautery irons, sent by express, 3d inst.

Dr. A. J., *Burg Hill, Ohio*—Flint's Practice, Roberts on Urinary Diseases, Winslow on Diseases of Brain, Brinton on Stomach, Bumstead on Venereal, Budd on Liver, and Da Costa's Medical Diagnosis, sent by express, 27th ult.

Dr. H. G. P., *New Berlin, N. Y.*—Pill machine, and Churchill's Midwifery, sent by express, 26th ult.

Dr. N. S. H., *Blakesburg, Iowa*.—Tenotome, sent by mail, 26th ult.

METEOROLOGY.

July,	23,	24,	25,	26,	27,	28,	29.
Wind.....	N. W.	S. W.	S.	S. W.	S.	S. W.	N. W.
Weather.....	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....			Shw'r.			T. & L. 9-10	
Thermometer.							
Minimum.....	67°	62°	63°	61°	65°	67°	65°
At 8 A. M.....	77	73	75	72	75	78	72
At 12 M.....	82	84	86	83	85	87	83
At 3 P. M.....	84	85	89	84	86	88	88
Mean.....	77.50	76.	78.	75.	75.75	80.	76.
Barometer.							
At 12 M.....	29.9	30.1	30.1	30.2	30.1	29.9	29.9

Germanstown, Pa.

B. J. LEEDOM.

AMERICAN MEDICAL ASSOCIATION.

The Committee on PRIZE ESSAYS request that all communications to be submitted to them, be sent to their Chairman, before the 15th day of March, next, accompanied by a sealed envelope containing the name and address of the author.

The Association offers two prizes of one hundred dollars each for the best two essays on any subject connected with the Medical Sciences.

F. DONALDSON, *Chairman.*

W. CHEW VAN BIBBER.

JOSIAH SIMPSON.

EDWARD WARREN.

C. C. COX.

Baltimore, June 25, 1866.

N. B.—Medical Journals will please insert the above.

490—St.

SUMMER SCHOOL OF MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D., HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of Examinations and Lectures will be given during April, May, June, and September, upon

ANATOMY,

SURGERY,

CHEMISTRY,

PHYSIOLOGY,

OBSTETRICS,

MATERIA MEDICA,

PRACTICE OF MEDICINE.

The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, \$50.

SURGERY.

A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. LENOX HODGE, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

FEE, \$10.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, and to attend women in confinement. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text books, etc., will be constantly open for study.

The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Fee for Office Students (one year), \$100.

Fee for one Course of Examinations, \$30.

Class Rooms, No. 920 Chestnut St., Philadelphia.

Apply to

H. LENOX HODGE, M. D.,

479—530

N. W. corner Ninth and Walnut Streets.